



PATIENT

Tillie Ann Cormier

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

9 years

WEIGHT

18.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Brought to rDVM when Tillie was noted to be lethargic and ataxic approximately one month ago. She was found to be anemic, was started on prednisone, and currently appears to be doing better. Her red cell parameters returned within normal limits within 3 days. Her blood work has been rechecked weekly (none available at time of exam). She has a good appetite and has no dyspnea or exercise intolerance. She does have some PU/PD since starting the prednisone. Tillie was also diagnosed with hypothyroidism in March and started on thyroxine. Her most recent TT4 in April was above the reference range at 4.9. On exam today: NSR, no murmurs noted, PSS, lung fields clear. BP: 180mmHg x 5. Current medications: 1) Levothyroxine 0.2mg 1 tab twice a day 2) Prednisone 5mg 1 tab twice a day *No sedation for study

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Prominent RA.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation.

Velocity consistent with mild to moderate pulmonary hypertension.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 122bpm.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24224

DATE

5/17/22

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	5.9
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.8
LVID diastole (cm)	2.7
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NM
TR Vmax (m/s)	3.6
TR PG (mmHg)	52

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Mild to moderate pulmonary hypertension is noted, which should be monitored going forward. No additional issues are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

Given that anemia was treated and the episodes resolved, it is unlikely these were related to pulmonary hypertension. Should the symptom recur, particularly with significant exertion or excitement, this possibility should be revisited. No treatment is warranted at this time; however, if episodes occur independent of blood volume changes, a trial of



PATIENT
Tillie Ann Cormier

Sildenafil may be warranted. No additional medications are indicated at this time. If any respiratory signs develop, this is commonly the underlying cause of pulmonary hypertension and should be treated accordingly.

SPECIES
Canine

RECOMMENDATIONS

- Given these findings, no cardiac medications are clearly indicated.
- If exertional syncope or dyspnea develop independent of blood volume changes, consider a trial of Sildenafil 1-2mg PO q8h and assess response.
- Monitor for any respiratory signs/cough and treat accordingly.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. **Pre-oxygenate for 5-10 minutes prior to induction.** Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED
Boston Terrier

SEX
Female Spayed

AGE
9 years

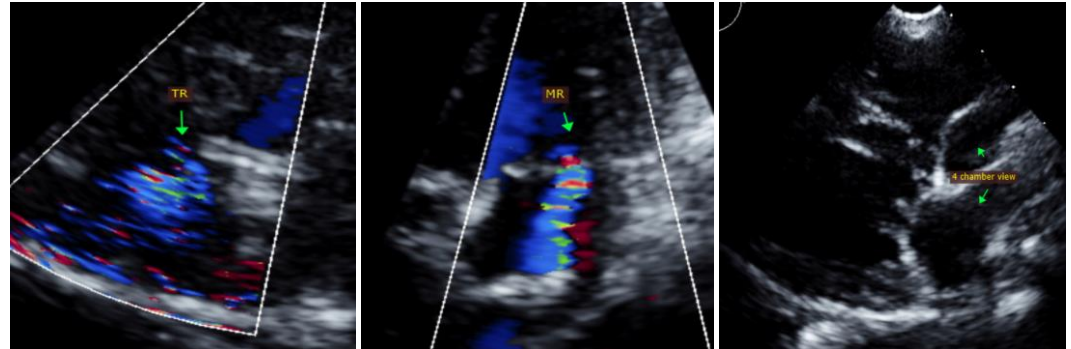
WEIGHT
18.1lbs

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET
Dr. Masloski

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

INVOICE
24224

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

DATE
5/17/22

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)